



## Air Quality Operating Permit Application Form

Lincoln-Lancaster County Health Department

Environmental Public Health Division - Air Quality Program

Lincoln, NE 68510

ph: (402) 441-8040

fax: (402) 441-3890

<http://www.lincoln.ne.gov/city/health/environ/air.htm>

Purpose of Application:

☐ Initial Operating Permit

☐ Operating Permit Modification

☒ Operating Permit Renewal

☐ Revise Previously Submitted Application

### SECTION 1: ADMINISTRATIVE INFORMATION AND RESPONSIBLE OFFICIAL CERTIFICATION

#### Part A: Company Information

Company Name:	Purina Animal Nutrition, LLC		
Company Address:	5500 N. Cotner Blvd		
Company City:	Lincoln	Company State:	Nebraska
Company ZIP:	68507		
Is the business incorporated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, name the state where incorporated:	Minnesota

#### Part B: General Facility Information

Facility Name:	Purina Animal Nutrition, LLC		
LLCHD Facility ID #:	00020		
Facility Physical Address:	5500 N. Cotner Blvd		
Facility City:	Lincoln	Facility State:	Nebraska
Facility ZIP:	68507		
Facility NAICS Code(s):	311119	Other Animal Food Manufacturing	
Is the facility located within 50 miles of another state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, which state(s)?	<input checked="" type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input checked="" type="checkbox"/> Missouri
Is the facility located on leased property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

#### Part C: Contact Information

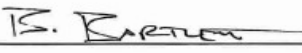
Facility Contact Person:	Beau Bartlett		
Facility Contact Person Title or Responsibility:	Plant Manager		
Phone Number:	402-465-1662	E-Mail:	<a href="mailto:vwbartlett@landolakes.com">vwbartlett@landolakes.com</a>
Alternate Phone Number: (optional)		Fax Number: (optional)	
Who is the primary contact for questions regarding this application?	<input checked="" type="checkbox"/> Facility Contact Person <input type="checkbox"/> Other		

## SECTION 1: ADMINISTRATIVE INFORMATION AND RESPONSIBLE OFFICIAL CERTIFICATION

### Part D: Permit Information

Does this facility currently hold an operating permit issued by the LLCHD?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what type of operating permit does the facility hold?	<input type="checkbox"/> Class I (Title V) - Major Source	<input checked="" type="checkbox"/> Class II - Minor Source	
	<input type="checkbox"/> Class II - Synthetic Minor Source		
What is the expiration date of the operating permit you currently hold?		9/12/2021	
Does this facility currently hold one or more construction permits issued by the LLCHD?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you know what type of permit you are applying for, check the appropriate box:	<input type="checkbox"/> Class I (Title V) - Major Source	<input checked="" type="checkbox"/> Class II - Minor Source	
	<input type="checkbox"/> Class II - Synthetic Minor Source <input type="checkbox"/> I do not know permit type.		

### Part E: Responsible Official Certification

<b>Compliance Certification</b>  <input checked="" type="checkbox"/> Agree  <input type="checkbox"/> Disagree	I hereby certify that, based on information and belief formed after reasonable inquiry, the facility that emits air pollutants, which is identified in this application and that is subject to the applicable requirements identified in Section 9: 1. Is in compliance with all applicable requirements, except as described in Section 9; 2. Will continue to comply with all applicable requirements for which compliance has been achieved; and, 3. Will comply with all applicable requirements for which compliance is not currently achieved
<b>Truth and Accuracy Certification</b> <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this Air Quality Operating Permit application are true, complete, and accurate. I certify that all hard copies of this application are identical in content.
<b>Electronic Copy Certification</b>  <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Not Applicable	I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in the electronic copy of the Air Quality Operating Permit application are identical in content to the hard copy submittal.
<b>Citizenship Attestation</b>  <input checked="" type="checkbox"/> Agree  <input type="checkbox"/> Disagree	For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows ( <u>check one</u> ): <input checked="" type="checkbox"/> I am a citizen of the United States. OR <input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, and will provide my immigration status, alien number, and USCIS documentation upon request. I hereby attest that my responses and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.
<b>Responsible Official Name:</b> (printed or typed)	Beau Bartlett
<b>Responsible Official Title:</b>	Plant Manager
<b>Responsible Official Signature:</b>	
<b>Date:</b>	4-7-2021



**Air Quality Operating Permit Application Form**  
Lincoln-Lancaster County Health Department  
Air Quality Program

## SECTION 2: DETAILED SOURCE INFORMATION

### Part A: Operating Schedule

Is this source operated seasonally, or year-round?	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> Year-Round	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide the normal operating schedule:	Hours per Day:		16
	Days per Week:		5
	Weeks per Year:		52
Does the source operate under an alternative schedule on a regular basis?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

### Part B: Facility Description

On separate sheet(s) of paper, provide a detailed narrative description of the facility. Explain the stages in each process that may result in the discharge of an air pollutant. Include all emission points, emission units, pollution control equipment, and identification numbers. The narrative should complement the facility layout and process flow diagrams.

Is a Facility Description attached to your application?	<input type="checkbox"/> Yes	If no, explain why on a separate sheet of paper.
	<input checked="" type="checkbox"/> No	

### Part C: Facility Layout Diagram

On a separate sheet(s) of paper, provide a detailed diagram or site drawing that includes all buildings, stacks, emission points and units, control equipment, tanks, etc. identified in this application. Make sure all elements in the drawing are properly identified, drawn to scale, and consistent with other sections of this application. The facility diagram should show the location of all buildings, structures, stacks, and property boundaries. Fences or other public access restrictions should be shown or identified and described. Be sure to identify adjacent roads and include a north arrow. Include an effective date for the diagram.

Is a Facility Layout Diagram included with your application?	<input type="checkbox"/> Yes	If no, explain why on a separate sheet of paper.
	<input checked="" type="checkbox"/> No	

### Part D: Process Flow Diagram

On separate sheet(s) of paper, provide a detailed narrative description of the facility. Explain the stages in each process that may result in the discharge of an air pollutant. Include all emission points, emission units, pollution control equipment, and identification numbers. The narrative should complement the facility layout and process flow diagrams.

Is a Process Flow Diagram included with your application?	<input type="checkbox"/> Yes	If no, explain why on a separate sheet of paper.
	<input checked="" type="checkbox"/> No	



## SECTION 2: DETAILED SOURCE INFORMATION

### Part E: Emission Calculations

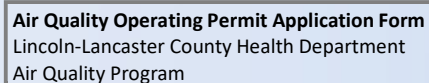
Indicate which method(s) will be used to calculate emissions: (check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> AP-42 or WebFIRE Emission Factors     |  |
| <input checked="" type="checkbox"/> Emission Factors from Stack Testing * |  |
| <input type="checkbox"/> Material Mass-Balance Calculations *             |  |
| <input type="checkbox"/> Other (specify >>>>) *                           |  |
| <input type="checkbox"/> Other (specify >>>>) *                           |  |
| <input type="checkbox"/> Other (specify >>>>) *                           |  |

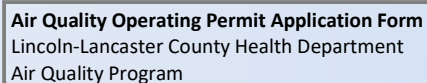
*If using emission factors or calculation methods other than those provided in AP-42 or WebFIRE, attach a copy of any alternate emission factors (including stack test results) and/or emission calculations as an attachment to this application.*

Indicate how material and/or fuel use will be substantiated:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Material / Fuel Supplier Record(s) |  |
| <input type="checkbox"/> Material / Fuel Use Logbook(s)                |  |
| <input checked="" type="checkbox"/> Receiving / Load-Out Scale Tickets |  |
| <input type="checkbox"/> Other (specify >>>>)                          |  |
| <input type="checkbox"/> Other (specify >>>>)                          |  |
| <input type="checkbox"/> Other (specify >>>>)                          |  |

**Table 3-A: Emission Unit Identification**

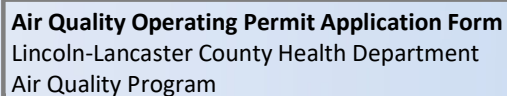
Rev. 6/2012 Table 3-A | Emission Units Page 5



### Table 3-B: Stack / Release Point Information

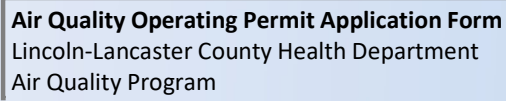
\* Stack information not required for fugitive sources.

Rev. 6/2012



### Table 4-A: Insignificant Activities List

[illegible]



### Table 4-B: Fuel Storage and Distribution Equipment Information

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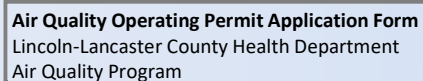


## SECTION 5 – MAXIMUM POTENTIAL TO EMIT (MPTE)

Table 5-A: Facility-Wide MPTE – Regulated Air Pollutant Emissions

Please list maximum potential emissions of all pollutants for each emission unit in pounds per year.

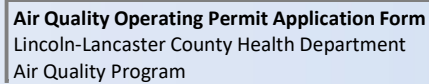
Emission Unit #	SCC Code	Hourly Process Rate	Process Rate Units	Max Annual Throughput	Emission Factor Source	PM <sub>10</sub>	PM <sub>2.5</sub>	NOx	SOx	VOC	CO	GHGs (CO <sub>2</sub> e)	LEAD	Total HAP
1-1	3-02-008-02	30.00	Tons	262,800	AP-42	329.00	55.93	-	-	-	-	-	-	-
2-1	3-02-008-02	56.00	Tons	490,560	AP-42	613.20	104.24	-	-	-	-	-	-	-
3-1	3-02-008-02	56.00	Tons	490,560	AP-42	1,226	208.49	-	-	-	-	-	-	-
4-1	3-02-005-40	86.00	Tons	753,360	AP-42	4,746	806.82	-	-	-	-	-	-	-
5-1	3-02-005-40	56.00	Tons	490,560	AP-42	3,091	525.47	-	-	-	-	-	-	-
6-1	3-02-008-17	10.00	Tons	87,600	AP-42	1,051	178.70	-	-	-	-	-	-	-
7-1	3-02-008-16	20.00	Tons	175,200	AP-42	3,381	574.77	-	-	-	-	-	-	-
8-1	3-02-008-16	20.00	Tons	175,200	AP-42	8,112	1,379	-	-	-	-	-	-	-
9-1	3-02-008-03	50.00	Tons	438,000	AP-42	175.00	29.75	-	-	-	-	-	-	-
10-1	1-02-006-02	0.0131	MMCF	114.76	AP-42	872.15	872.15	11,476	68.85	631.16	9,640	1.4E+07	0.06	215.74
11-1	A22-94-000-000	0.2277	VMT	1,995	AP-42	232.44	57.05	-	-	-	-	-	-	-
11-2	A22-96-000-000	0.0759	VMT	665.00	AP-42	519.25	51.92	-	-	-	-	-	-	-
12-1	3-02-005-40	86.00	Tons	753,360	WebFire	4,746	828.70	-	-	-	-	-	-	-
13-1	3-02-008-09	1.00	Tons	8,760	AP-42	15.00	-	-	-	-	-	-	-	-
14-1	3-02-008-09	0.5000	Tons	4,380	AP-42	7.00	-	-	-	-	-	-	-	-



**Table 5-B: Facility-Wide MPTE – VOC Emissions from VOC-Containing Materials**

Please list the maximum throughput of all materials used that contain Volatile Organic Compounds, and show amount of VOC emitted.

[illegible]



**For a complete list of EPA regulated Hazardous Air Pollutants, including CAS Numbers, [click here](#).**

Please list the maximum throughput of all materials used that contain Hazardous Air Pollutants (HAP) and show amount of HAP emitted.

[illegible]



## SECTION 5 – MAXIMUM POTENTIAL TO EMIT (MPTE)

**Table 5-D: Maximum Potential to Emit and Operating Permit Thresholds**

Criteria Pollutant Name	Emissions (tons per year)	Class II Permitting Threshold (tons per year)	Meet or Exceed?	Class I Permitting Threshold (tons per year)	Meet or Exceed?
PM <sub>10</sub>	14.56	15.0	No	100.0	No
PM <sub>2.5</sub>	2.84				
NOx	5.74	40.0	No	100.0	No
SOx	0.03	40.0	No	100.0	No
VOC	0.32	40.0	No	100.0	No
CO	4.82	50.0	No	100.0	No
Lead	0.00	0.6	No	5.0	No
GHGs	6,926.28				
HAP Category	Emissions (tons per year)	Class II Permitting Threshold (tons per year)	Meet or Exceed?	Class I Permitting Threshold (tons per year)	Meet or Exceed?
Greatest Single HAP	0.01	2.5	No	10.0	No
Total Combined HAP	0.11	10.0	No	25.0	No



## SECTION 6: DETERMINATION OF SOURCE CLASS

### Part A: Operating Permit Class

The maximum potential emissions from your facility do not meet or exceed any permitting thresholds. As a result, your source does not require a permit, and you are not required to Complete Sections 6 through 10.

☐ Yes

☐ No

☐ Yes

☐ No

### Part B: Source Elected Requirements for Synthetic Minor Sources

Not applicable.

Not applicable.

Not Applicable.

☐ Yes

☐ No

Not Applicable.

☐ Yes

☐ No

### Part C: Source Elected Requirements for Synthetic Area Sources of HAPs

Not Applicable.

Not Applicable.

Not Applicable.

☐ Yes

☐ No

Not Applicable.

☐ Yes

☐ No

**Part D: Source Elected Requirements for Actual Emission Reductions**

Not Applicable.

Not Applicable.

Not Applicable.

☒ Yes

☐ No

Not Applicable.

Not Applicable.

☒ Yes

☐ No

Indicate in Table 6-A what throughput limits and control equipment requirements you will agree to accept.

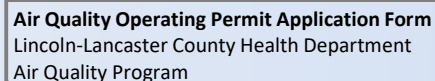


## SECTION 6 – DETERMINATION OF SOURCE CLASS

**Table 6-A: Source-Elected Throughput Limits and Emission Control Requirements**

*In the table below, indicate which emission units you will either accept throughput limits on, or to which you will agree to apply control equipment.*

Emission Unit #	SCC Code	Agree to Throughput Limit?	Maximum Annual Throughput	Annual Throughput Limit	Throughput Units	Agree to Emission Controls?	Control Device ID	Control Type	If 'Other', Specify Type
1-1	3-02-008-02	Yes	262,800	262,800	Tons/yr	No			
2-1	3-02-008-02	Yes	490,560	490,560	Tons/yr	No			
3-1	3-02-008-02	Yes	490,560	490,560	Tons/yr	No			
4-1	3-02-005-40	Yes	753,360	753,360	Tons/yr	No			
5-1	3-02-005-40	Yes	490,560	490,560	Tons/yr	No			
6-1	3-02-008-17	Yes	87,600	87,600	Tons/yr	Yes	Grinder Bag House	Fabric Filter	
7-1	3-02-008-16	Yes	175,200	175,200	Tons/yr	Yes	Sprout cooler cyclone	Cyclone	
8-1	3-02-008-16	Yes	175,200	175,200	Tons/yr	Yes	CPM cooler cyclone	Cyclone	
9-1	3-02-008-03	Yes	438,000	438,000	Tons/yr	No			
10-1	1-02-006-02	Yes	114.76	115	MMCF/yr	No			
11-1	A22-94-000-000	Yes	1,995	750	VMT/yr	No			
11-2	A22-96-000-000	Yes	665.00	2,000	VMT/yr	No			
12-1	3-02-005-40	Yes	753,360	753,360	Tons/yr	No			
13-1	3-02-008-09	Yes	8,760	8,760	Tons/yr	Yes	Micro Room Ventilation Filter	Fabric Filter	
14-1	3-02-008-09	Yes	4,380	4,380	Tons/yr	Yes	Hand Add Filter	Fabric Filter	

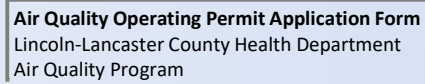


**Table 7-A: Facility-Wide APTE – Regulated Air Pollutant Emissions**

*Shown below is your source's potential emissions after applying any operational limits or control equipment you elected in Section 6. Emissions are in units of pounds.*

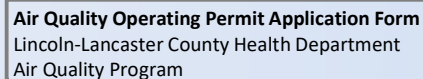
[illegible]





**Table 7-B: Facility-Wide APTE – VOC Emissions from VOC-Containing Materials**

[illegible]



**Table 7-C: Facility-Wide APTE – HAP Emissions from HAP-Containing Materials**

Please indicate whether you are accepting throughput limits or emission control requirements for HAP-containing materials. Emissions will be calculated in units of pounds.

[illegible]



## SECTION 7 – ACTUAL POTENTIAL TO EMIT (APTE)

**Table 7-D: Actual Potential to Emit and Operating Permit Thresholds**

Criteria Pollutant Name	Emissions (tons per year)	Class II Permitting Threshold (tons per year)	Meet or Exceed?	Class I Permitting Threshold (tons per year)	Meet or Exceed?
PM <sub>10</sub>	11.05	15.0	No	100.0	No
PM <sub>2.5</sub>	2.20				
NOx	5.75	40.0	No	100.0	No
SOx	0.03	40.0	No	100.0	No
VOC	0.32	40.0	No	100.0	No
CO	4.83	50.0	No	100.0	No
Lead	0.00	0.6	No	5.0	No
GHGs	6,941.00				
HAP Category	Emissions (tons per year)	Class II Permitting Threshold (tons per year)	Meet or Exceed?	Class I Permitting Threshold (tons per year)	Meet or Exceed?
Greatest Single HAP	0.01	2.5	No	10.0	No
Total Combined HAP	0.11	10.0	No	25.0	No

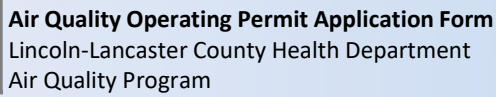


## SECTION 9: APPLICABLE RULES AND REQUIREMENTS

### PART A: Applicable Requirements of the LLCAPCPRS

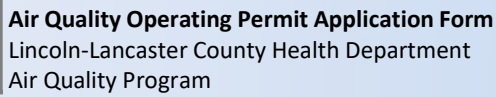
Applicable requirements for your source may include maintaining allowable stack opacity, maintaining allowable particulate emissions for the total given heat input, adhering to fugitive dust regulations, adhering to the process weight/particulate emissions rates, adhering to all construction permit conditions, etc. In the boxes below, check all of those requirements in the LLCAPCPRS that may apply to your source, and identify the method by which you intend to demonstrate compliance with the requirement. If a requirement does not apply to your source, briefly explain the reason it does not apply.

Requirement Citation & Name	Does standard apply?	If "Yes", describe compliance method. If "No", explain reason it does not apply.
LLCAPCPRS Article 2, Section 18: New Source Performance Standards (40 CFR Part 60)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe compliance with each applicable NSPS in Part B, below.
LLCAPCPRS Article 2, Section 19: Prevention of Significant Deterioration (PSD) of Air Quality	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applicable
LLCAPCPRS Article 2, Section 20, paragraph (A)(1): Particulate Emission Stds. for Incinerators & Burn-Ovens	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No incinerators or Burn Ovens on site
LLCAPCPRS Article 2, Section 20, paragraph (B): Particulate Emission Stds. for Combustion Units >10,000 & <10 MMBtu	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Boiler 400 HP
LLCAPCPRS Article 2, Section 20, paragraph (C): Particulate Emission Stds. for Combustion Units <10,000 & >10 MMBtu	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual tune up
LLCAPCPRS Article 2, Section 20, paragraph (E): <20% Opacity of Visible Emissions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	As required by permit
LLCAPCPRS Article 2, Section 20, Table 20-1: Process Weight Rate Particulate Emission Stds.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emission rate calculations
LLCAPCPRS Article 2, Section 21: Compliance Assurance Monitoring (CAM) (40 CFR Part 64)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not apply to Class II sources, but Class I sources must give explanation in Part C.
LLCAPCPRS Article 2, Section 22, paragraph (A)(14): Standards for Pathological Material Incinerators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No pathological incinerator on site
LLCAPCPRS Article 2, Section 22, paragraph (C): Standards for Air Curtain Incinerators	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No air curtains used at plant
LLCAPCPRS Article 2, Section 23: Hazardous Air Pollutants - Emission Standards (40 CFR Part 61)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If none apply, in Part C, list any that 'appear' to apply, but do not actually apply.
LLCAPCPRS Article 2, Section 24: Sulfur Compound Emissions - Existing Sources - Emission Standards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual boiler tune up if needed. Use only Natural Gas. Emission calculations using AP-42
LLCAPCPRS Article 2, Section 25: Nitrogen Oxides - Emission Standards for Existing Stationary Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annual boiler tune up if needed . Use only Natural Gas. Emission calculations using AP-42
LLCAPCPRS Article 2, Section 26: Acid Rain (40 CFR Parts 72 through 78)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If none apply, in Part C, list any that 'appear' to apply, but do not actually apply.
LLCAPCPRS Article 2, Section 27: Hazardous Air Pollutants - Maximum Achievable Control Technology (MACT)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If none apply, in Part C, list any that 'appear' to apply, but do not actually apply.
LLCAPCPRS Article 2, Section 28: MACT Emission Standards (40 CFR Part 63)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe compliance with each applicable MACT standard in Part B, below.
LLCAPCPRS Article 2, Section 32: Dust - Duty to Prevent the Escape Of	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	As required by permit



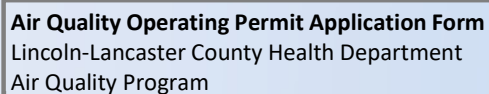
## PART B: Applicable Federal Regulations and Additional Applicable LLCAPCPRS

[illegible]



## PART C: Non-Applicable LLCAPCPRS Regulations & Non-Applicable Federal Regulations

[illegible]



Part A: Compliance Status for Applicable Rules and Requirements	
1	2
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15	16
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93	94
95	96
97	98
99	100

☒ Yes

☐ No

Part B: Applicable Rules and Requirements for Which Compliance Is Not Achieved or Will Not Be Achieved	
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## APPLICATION COMPLETENESS CHECKLIST

Does this application contain confidential information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes" are application pages containing confidential data clearly marked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Continue with the remainder of the checklist.

Will your source require a Class I (Title V) operating permit?

☐ Yes  
☒ No

Continue with the remainder of the checklist, and submit the original signed copy of the permit application when complete.

Section Number & Name	Included With Application?	If not included, provide reason.
Section 1: Administrative Information And Responsible Official Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2: Detailed Source Information	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Already on file
Table 3-A: Emission Unit Identification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 3-B: Stack / Release Point Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 4-A: Insignificant Activities List	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 4-B: Fuel Storage and Distribution Equipment Information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 4-C: Insignificant Cooling Towers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applicable
Table 5-A: Facility-Wide MPTE – Regulated Air Pollutant Emissions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 5-B: Facility-Wide MPTE – VOC Emissions from VOC-Containing Materials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applicable
Table 5-C: Facility-Wide MPTE - HAP Emissions from HAP-Containing Materials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 5-D: Maximum Potential to Emit and Operating Permit Thresholds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section 6: Determination Of Source Class	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 6-A: Source-Elected Throughput Limits and Emission Control Requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 7-A: Facility-Wide APTE – Regulated Air Pollutant Emissions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 7-B: Facility-Wide APTE – VOC Emissions from VOC-Containing Materials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not applicable
Table 7-C: Facility-Wide APTE – HAP Emissions from HAP-Containing Materials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 7-D: Actual Potential to Emit and Operating Permit Thresholds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section 8: Permit Shield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not Class I





**Air Quality Operating Permit Application Form**  
Lincoln-Lancaster County Health Department  
Air Quality Program

**APPLICATION COMPLETENESS CHECKLIST**

Section 9: Applicable Rules And Requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Section 10: Compliance Plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No plan needed
Table 10-A: Compliance Schedule	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No schedule needed